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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number	Filing Date				
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							10/620,329					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
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18		/		/			68					
19		/		/			69					
20		/		X			70					
21		/		X			71					
22		/		X			72					
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24		/		/			74					
25	/		X				75					
26		/		X			76					
27		/		X			77					
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Total Indep	3			2			Total Indep					
Total Depend	24			21			Total Depend					
Total Claims	27			23			Total Claims					

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